



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other (specify): \_\_\_\_\_ E-mail: \_\_\_\_\_

Professional Degrees (MD, PhD, RN or other): \_\_\_\_\_

Primary Language(s): \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER INTERESTS: (Select all that interest you and provide any comments you wish)

Advocacy: Legislative \_\_\_\_\_

Outreach: Health Fairs and Fundraisers \_\_\_\_\_

Speakers Bureau: Community Groups \_\_\_\_\_

Administration: Mailings, research, data entry \_\_\_\_\_

### PERSONAL REFERENCES (students may use teachers and group leaders)

(1) Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(2) Name and Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



## VOLUNTEER APPLICATION

How did you hear about the Florida Breast Cancer Foundation (FBCF)?

\_\_\_\_\_

How many hours per month/week do you wish to volunteer? \_\_\_\_\_

Briefly explain why you want to volunteer at FBCF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, who is your employer? \_\_\_\_\_

How long have you been employed with them? \_\_\_\_\_

Are you currently a student?  Yes  No School \_\_\_\_\_ Degree Program \_\_\_\_\_

Do you have any relevant skills/experiences that would help? \_\_\_\_\_

Do you have past/other volunteer experience? If yes, where? \_\_\_\_\_

Please list volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and fully acknowledge that, in volunteering for the Florida Breast Cancer Foundation, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or the Florida Breast Cancer Foundation for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I give permission to contact my references or to conduct a criminal background check if deemed appropriate. It is my understanding that all information I have provided is true and complete to the best of my knowledge. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive information and that all information is confidential and is not to be repeated.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by FBCF Staff \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved Start Date \_\_\_\_\_

\_\_\_\_\_ Denied Reason \_\_\_\_\_